

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716489

FILED
May 27, 2009
Secretary of State

Entity Name: UNIVERSITY VILLAGE APARTMENTS, INC.

Current Principal Place of Business:

P.O. BOX 112100
GAINESVILLE, FL 326112100

New Principal Place of Business:

UNIVERISTY OF FLORIDA
BLDG 753, SW 13TH ST & MUSEUM ROAD
GAINESVILLE, FL 326112100

Current Mailing Address:

P.O. BOX 112100
GAINESVILLE, FL 326112100

New Mailing Address:

FEI Number: 23-7060602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOWLES, DAVID
200 STUDENT RECREATION & FITNESS CENTER
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326118212 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POPPELL, JOHN E
Address: 6125 NW 58TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: MCKEE, MICHAEL V
Address: 3910 NW 67TH PL
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: MILLER, ROBERT W
Address: 2912 NW 25TH TERR.
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: DUNKEL, NORBERT W
Address: 3519 NW 27TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: KRATZER, DAVID
Address: 288 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT W DUNKEL

SD

05/27/2009

Electronic Signature of Signing Officer or Director

Date